

Novel Influenza Case History Form

(Please see page 3 for case definitions)

Patient information

CDPH Case ID #: _____

Last name _____ First name _____ DOB ____/____/____

Street address _____ City _____ Zip code _____

County of residence _____ Telephone numbers home _____ cell/other _____

Race: ☐ White ☐ Black ☐ Native-American ☐ Asian/PI ☐ Other ☐ UnknownEthnicity: ☐ Hispanic ☐ Non-Hispanic Sex: ☐ Female ☐ Male HCW: ☐ Yes ☐ No ☐ Unk

Reporting agency

Reporting LHJ _____

Name _____ Phone _____

Outcome status

☐ Outpatient Date of first clinical evaluation: ____/____/____☐ Hospitalized ≥ 24 hrs

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Admitted to the ICU ☐ Yes ☐ No ☐ Unk

ICU admit date ____/____/____

☐ Died Date of death: ____/____/____Autopsy performed ☐ Yes ☐ No ☐ Unk

Location of autopsy: _____

Signs and symptoms

Date of onset of symptom(s) ____/____/____

Symptoms

☐ Fever ≥ 37.8 ☐ Cough ☐ Sore throat☐ Nausea/vomiting ☐ Seizures ☐ Diarrhea☐ Shortness of breath ☐ Altered mental status☐ Headache _____% O₂ sat on _____% O₂☐ Other: _____

Significant past medical history

Cardiac disease ☐ Yes ☐ No ☐ UnkChronic pulmonary disorder ☐ Yes ☐ No ☐ UnkImmunosuppression (e.g. cancer) ☐ Yes ☐ No ☐ UnkImmunosuppressive meds (e.g. steroids) ☐ Yes ☐ No ☐ UnkMetabolic disorder (e.g. DM, renal) ☐ Yes ☐ No ☐ UnkNeuromuscular disorder (e.g. CP) ☐ Yes ☐ No ☐ UnkHemoglobinopathy (e.g. SCD) ☐ Yes ☐ No ☐ UnkGenetic disorder (e.g. Downs) ☐ Yes ☐ No ☐ UnkPregnant ☐ Yes ☐ No ☐ Unk If yes, EDC: ____/____/____Postpartum ☐ Yes ☐ No ☐ Unk If yes, delivery: ____/____/____Weight: _____ kg ☐ lbs Height: _____ BMI: _____Other conditions (e.g. hypertension) ☐ Yes ☐ No ☐ UnkIf YES for any of the above, please specify: _____

Vaccination status

Received flu vaccine for current season: ☐ Yes ☐ No ☐ Unk

Diagnostic/Laboratory studies

Influenza testing:

Date of specimen collection ____/____/____

Specimen type/s _____

Test/s performed and results

☐ Rapid test ☐ Positive ☐ Negative☐ DFA ☐ Positive ☐ Negative☐ Culture ☐ Positive ☐ Negative☐ RT-PCR If PCR, specify test result (pls attach a

copy of the PCR test result): _____

Chest X-ray ☐ Positive ☐ Negative ☐ Not doneIf positive, evidence of pneumonia ☐ Yes ☐ No ☐ UnkIf positive, evidence of ARDS ☐ Yes ☐ No ☐ Unk

Other abnormal results (LP, MRI/CT, LFTs, etc.) _____

2° bacterial infection ☐ Yes ☐ No ☐ UnkIf yes, ☐ community-acquired ☐ hospital-acquired

Specify pathogen _____

Specimen source _____

Date of specimen collection ____/____/____

Other micro results: _____

Clinical course

Antiviral treatment: ☐ Yes ☐ No ☐ Unk☐ Oseltamivir Dosage _____ Dates _____☐ Zanamivir Dosage _____ Dates _____☐ Other, Specify: _____Intubated ☐ Yes ☐ No ☐ Unk

Complications

☐ Pneumonia ☐ ARDS ☐ Sepsis ☐ Renal failure☐ Enceph-alitis/alopathy ☐ Pulmonary embolus☐ Other, specify: _____

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CDPH Case ID # _____

Risk factors (The following questions pertain to 10 days prior to symptom onset, unless otherwise specified)

History of travel

☐ Yes ☐ No ☐ Unk

If yes, list all places visited and arrival and departure dates:

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Location _____ Arrival date ____/____/____ Departure date ____/____/____

Close contact (within 3 ft) with a person who is a suspected, probable or confirmed novel human influenza A case

☐ Yes ☐ No ☐ Unk

If yes, specify: _____

Touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds or swine) or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify: _____

Exposure to animal (including poultry, wild birds or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify: _____

Exposure to environments contaminated by animal feces (including poultry, wild birds or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify: _____

Consumption of raw or undercooked animals (including poultry, wild birds or swine) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify: _____

Contact with any animals

☐ Yes ☐ No ☐ Unk

If yes, specify contact with dogs, cats, horses, wild birds, poultry, swine: _____

Direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (i.e. state or county fair) in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify event/location and date/s of contact: _____

Visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (i.e. state or county fair) in the last month

☐ Yes ☐ No ☐ Unk

If yes, specify event/location and date/s of visit: _____

Epi-link to laboratory-confirmed or probable novel influenza A case

☐ Yes ☐ No ☐ Unk

Visit or stay in the same household with anyone with pneumonia or severe influenza-like illness

☐ Yes ☐ No ☐ Unk

Visit or stay in the same household with anyone who died following the visit

☐ Yes ☐ No ☐ Unk

Handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting

☐ Yes ☐ No ☐ Unk

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Novel Influenza A Case Definition

Novel influenza A virus infections are all human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses. These viruses include those that are subtyped as non-human in origin and those that are unsubtypeable with standard methods and reagents.

The clinical presentation of illness should be compatible with influenza virus infection.

Laboratory criteria for diagnosis

A specimen from a human that is reverse-transcriptase-polymerase chain reaction (RT-PCR) or culture-positive for influenza A and tests negative for currently circulating human H1 and H3 subtypes. Depending on the situation, a confirmatory reverse-transcriptase-polymerase chain reaction (RT-PCR) specific for the novel influenza virus of concern may or may not be available.

Specimens from cases with human infection with unsubtypeable influenza A viruses should be forwarded to the local public health laboratory or the California Department of Public Health Viral and Rickettsial Diseases Laboratory (CDPH-VRDL) for confirmation.

Case classification

Confirmed – A human case with illness consistent with a novel influenza A virus that has been confirmed by the public health laboratory, CDPH-VRDL or the Centers for Disease Control and Prevention (CDC). Depending on the situation, a confirmatory RT-PCR specific for the novel influenza virus of concern may or may not be available.

Probable – A human case with illness consistent with a novel influenza A virus infection that has been tested by the public health laboratory, CDPH-VRDL or CDC and were unsubtypeable with standard methods and reagents for circulating human influenza H1 and H3 viruses.

Suspect – A human case with illness consistent with a novel influenza A virus infection for which laboratory testing by a public health laboratory, CDPH-VRDL or CDC is pending, and is 1) epidemiologically linked to a confirmed case or 2) had exposure to a possible source of novel virus infection (e.g. swine, poultry, travel history, or laboratory exposure),

To report a case, please contact (*insert local county information here*) and fax this form to (*insert county fax information here*). Please forward any available medical records (e.g. H&P, micro reports, discharge summary, autopsy report, etc.). Please contact your local health department to report these cases as soon as possible so that we can assist with collection and shipment of specimens for further characterization.